

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152550		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/03/2012	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE DEKALB COUNTY DIALYSIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1144 W 15TH ST AUBURN, IN 46706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>This visit was a federal ESRD survey for the addition of peritoneal dialysis and home hemodialysis services.</p> <p>Survey dates: May 3, 2012</p> <p>Facility #: 010127</p> <p>Medicaid Vendor #: 1000081860F</p> <p>Surveyor: Susan E. Sparks, PH Nurse Surveyor</p> <p>On May 3, 2012, at 11 AM, the Clinical Manager indicated that Fresenius Medical Care Dekalb County Dialysis in Auburn, Indiana, did not have a peritoneal dialysis patient nor a home hemodialysis patient and was unaware a letter of preparedness had been submitted for the addition of these services. Therefore, the survey could not be completed.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 4, 2012</p>			V 000			
V 100	<p>494.20 CFC-COMPLIANCE WITH FED/STATE/LOCAL LAWS</p> <p>This CONDITION is not met as evidenced by: This visit was a ESRD add-on survey.</p> <p>Survey dates: May 3, 2012</p> <p>Facility #: 010127</p> <p>Medicaid Vendor #: 1000081860F</p>			V 100			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 100	Continued From page 1 Surveyor: Susan E. Sparks, PH Nurse Surveyor On May 3, 2012 at 11 AM the Clinical Manager indicated that Fresenius Medical Center Dekalb County in Auburn, Indiana did not have a peritoneal dialysis patient nor a home hemo dialysis patient and was unaware a letter of preparedness had been submitted for survey. The survey could not be completed due to the lack of patients.	V 100			